

STATE PROGRAM ALTERNATIVES TRACKING FORM

SWIS NO.: _____

DATE: _____

FACILITY NAME: _____

OWNER/OPERATOR: _____

Owners/operators are requested to submit this form with supporting information when requesting alternatives. A separate form should be used for each alternative.

Submit completed form to the Enforcement Agency Section.

ALTERNATIVES

(check one/form)

- | | |
|---|------------------------------|
| <input type="checkbox"/> EXTEND CLOSURE DATE | (27 CCR 20270(e)) |
| <input type="checkbox"/> ALTERNATIVE COVER | (27 CCR 20680(c)) |
| <input type="checkbox"/> WAIVE DAILY COVER | (27 CCR 20680(b)) |
| <input type="checkbox"/> METHANE GAS | (27 CCR 20919.5) |
| <input type="checkbox"/> OPERATING RECORDS | (27 CCR 20515) |
| <input type="checkbox"/> COVER DESIGN | (27 CCR 21140) |
| <input type="checkbox"/> 1 YR. BEGINNING CLOSURE | (27 CCR 21110, 21140) |
| <input type="checkbox"/> 180 DAY COMPLETE CLOSURE | (27 CCR 21110, 21140) |
| <input type="checkbox"/> REMOVE DEED NOTATION | (27 CCR 21170, 21200, 21190) |
| <input type="checkbox"/> DECREASE POSTCLOSURE | (27 CCR 21180) |
| <input type="checkbox"/> INCREASE POSTCLOSURE | (27 CCR 21180) |

BRIEF DESCRIPTION OF REQUESTED ALTERNATIVE: _____

LIST OF SUPPORTING DOCUMENTATION: Check applicable box/boxes

- ☐ In depth description of proposed alternative
- ☐ Amended RDSI
- ☐ Approved Closure/Postclosure Maintenance Plan
- ☐ Amended Closure/Postclosure Maintenance Plan
- ☐ Clean Closure Certification
- ☐ Other: _____
